



## Application for membership of UKCP

# Student membership 2018–2019

This subscription allows students to take advantage of entry-level membership of UKCP. It is available to students who are on a training course with a UKCP organisational member which leads to a psychotherapy or psychotherapeutic counselling qualification.

Student membership is available up to the point when a student enters into any clinical practice for which the UKCP organisational member accepts supervisory responsibility. Students who have reached this point may consider trainee therapist membership of UKCP. For more information about UKCP membership types, visit [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk).

## Terms and Conditions

1. UKCP student membership is available to students who are in the process of completing a training course with a UKCP organisational member which leads to a psychotherapy or psychotherapeutic counselling qualification.  
Student membership is available up to the point when a student enters into any clinical practice for which the UKCP organisational member accepts supervisory responsibility.
2. UKCP student membership constitutes an associate membership of UKCP:
  - a) They do not have voting privileges at any UKCP elections.
  - b) Responsibility for adherence to codes of conduct and complaints processes and any other regulatory responsibilities lie exclusively with the student member's training organisation.

# Application form

## Personal details

Title \_\_\_\_\_

Forename \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender \_\_\_\_\_

## Confidential address

Address \_\_\_\_\_

Town \_\_\_\_\_

County \_\_\_\_\_

Full postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

## Course details

Name of UKCP organisational member \_\_\_\_\_

Name of course being studied \_\_\_\_\_

Course dates Start / / Finish / /

Expected date of completion of studies and/or accreditation / /

## Applicant declaration (please tick as appropriate)

I, the undersigned:

- Confirm that I am a member/student of the above named UKCP organisational member, and that I have agreed to abide by its codes of ethics, conduct/practice and complaints procedure.
- Confirm that, under the above, no complaints against me have been upheld, or have been made and await resolution.
- Agree to inform UKCP as soon as I begin to see clients/patients in a supervised training practice/placement arranged by my UKCP organisational member.
- Agree to inform UKCP if a complaint is made against me or if I breach any of my UKCP organisational member's codes or if I become ineligible for UKCP student membership for any other reason.

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## Data protection

Information submitted may be stored and processed electronically for the purposes of delivering services, marketing, supplying information and to enable statistical analysis. Data may be passed to other parts of the organisation, partner organisations, companies or contractors operating on our behalf to enable this to take place. This may include transferring or holding your data outside the European Economic Area (EEA). However, we will ensure your data is always stored and handled securely.

- I give UKCP the permission to use my email address for sending UKCP information. (Please be assured that UKCP will not share their private email list with anyone else and will not use your email address for any other purpose.)
- I understand that in pursuit of the provision of a regulatory framework for the profession of psychotherapy, UKCP will hold and process the information that I have provided in accordance with their policies and procedures.

## Mailing preferences

Please tick a box to update your mailing preferences:

- |   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| Event advertising                       | <input type="checkbox"/> | E-Bulletin                               | <input type="checkbox"/> |
| The Psychotherapist                     | <input type="checkbox"/> | Digital version of Psychotherapist Email | <input type="checkbox"/> |
| Post except Psychotherapist & essential | <input type="checkbox"/> | excluding essential membership           | <input type="checkbox"/> |

## Completion of application

**I declare that all the information provided on this form is correct and accurate and I understand that failure to disclose relevant information could result in my membership being withdrawn.**

Name (capitals)

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Signed \_\_\_\_\_ Date                    /                    /

Membership number (UKCP use only)

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Once your organisational member has countersigned your form (see page 3), please forward it to:

**UK Council for Psychotherapy**  
**2nd Floor, America House**  
**2 America Square**  
**London**  
**EC3N 2LU**

**FOR ORGANISATIONAL MEMBER USE ONLY**

## Organisational member representative declaration

I have read the terms and conditions (page 1) and confirm that the above person meets these criteria and I recommend that they become a UKCP student member.

The training (or accreditation) committee of the organisational member may recommend an individual for UKCP student membership if the student:

- a. has shown their good conduct and professional standing with their organisational member
- b. is aware of and adheres to their organisational members codes of ethics/practice/conduct
- c. retains membership of their organisational member for the entire duration of their UKCP student membership.

Full name of organisational member representative: (BLOCK CAPS)

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Signed

Date

/

/

Organisation's stamp: